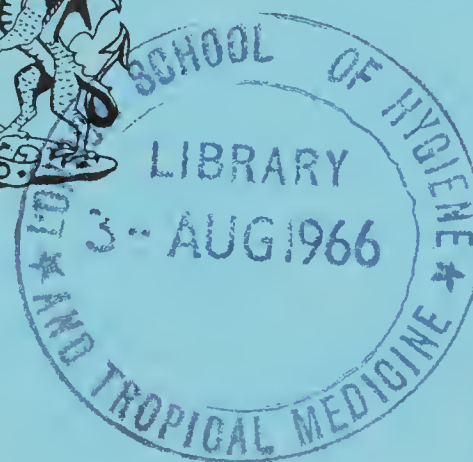


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D O R S E T C O U N T Y C O U N C I L

EDUCATION COMMITTEE



ANNUAL REPORT ON THE SCHOOL

HEALTH SERVICE

1965

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR
1965

A. F. Turner
M.B., B.Ch., D.P.H.

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SCHOOL HEALTH SERVICE ESTABLISHMENT
(At 31st December, 1965)

CENTRAL STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER

A.F. Turner, M.B., B.Ch., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

G.F. Willson, M.D., D.P.H.

SCHOOL MEDICAL OFFICERS

K.J. Adams, M.R.C.S., L.R.C.P., D.P.H.

June M. Brown, M.B., Ch.B.

W.E. Hadden, M.B., B.S., D.P.H., D.A.,
D.T.M. & H.

G.B. Hopkins, M.B., Ch.B., D.P.H.

J.G. Meadows, M.B., Ch.B., D.P.H.

N.F. Pearson, M.R.C.S., L.R.C.P., D.P.H.

Jill C. White, M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H., D.C.H.

COUNTY NURSING OFFICER

Irene F. Ranklin, S.R.N., S.C.M., H.V. Cert.

SCHOOL NURSES (22)

SPEECH THERAPISTS

Nora M. O'Driscoll, L.C.S.T. (Senior)

Gwenyth E. Marston, L.C.S.T.

Vacancy

PRINCIPAL SCHOOL DENTAL OFFICER

J.S. MacLachlan, L.D.S., R.C.S.

DENTAL OFFICERS

N.J. Dyer, B.D.S., L.D.S., R.C.S.

D.G. Greenfield, L.D.S., R.C.S.

Edna G. Laylee L.D.S. (part-time)

Elizabeth C. Linley, L.D.S., R.C.S.

P.H.W. Maynard, L.D.S., R.C.S.

K.P. Robertson, L.D.S., R.C.S.

K.V.M. Taylor Milton, L.D.S., R.C.S.

E. Farwell, L.D.S., (part-time)

Vacancies (2)

DENTAL AUXILIARY

Janice C. Evans

DENTAL HYGIENIST

Carole C. Warner

Vacancies (2)

DENTAL SURGERY ASSISTANTS (9)

ADMINISTRATIVE ASSISTANT

T.R. Townsend

POOLE BOROUGH STAFF

BOROUGH SCHOOL MEDICAL OFFICER

J. Hutton, M.D., D.P.H.

SCHOOL MEDICAL OFFICERS

J.M. Lewis, M.B., B.S., D.P.H.

A. McCutchion, M.B., Ch.B., D.P.H.

Rosa Strunin, M.D.

H.C. Williamson, M.B., B.Ch., D.P.H.

BOROUGH NURSING OFFICER

Marion Davies, S.R.N., S.C.M., H.V.Cert.

SCHOOL NURSES (12)

BOROUGH DENTAL OFFICER

F.E.R. Williams, L.D.S.

DENTAL OFFICERS

A.C.S. Barnard, L.D.S., R.C.S.

A.E.G. Gapper, L.D.S., R.C.S.

C. Green, L.D.S., R.C.S.

DENTAL SURGERY ASSISTANTS (4)

SPEECH THERAPIST

Charlotte Tone, L.C.S.T.

SOUTH DORSET DIVISIONAL EXECUTIVE AREA STAFF

AREA MEDICAL OFFICER

E.J.G. Wallace, M.B., Ch.B., D.P.H.

SCHOOL MEDICAL OFFICER

Vacancy

SCHOOL NURSES (8)

SENIOR DENTAL OFFICER

N.P. Bronsdon, L.D.S., R.C.S.,

M.R.C.S., L.R.C.P.

DENTAL OFFICERS

R.A. Fairney, L.D.S., R.C.S.

Marguerite D. Mason, B.Dent.Sc.

(part-time)

DENTAL SURGERY ASSISTANTS (4)

JOINT SERVICES

CHILD GUIDANCE

Consultant Psychiatrist

W.H. Whiles, M.R.C.S., L.R.C.P., D.P.M.

County Educational Psychologist

Vacancy

Educational Psychologist

J.M. Foster, M.A., B.Ed.

Psychiatric Social Workers

Astrid D. Filliter

Joan G. Hardy (part-time)

Joy L. Shires (part-time)

ORTHODONTICS

Consultant Orthodontist

J.D. Hooper, L.D.S., D.Orth., R.C.S.

Senior Orthodontic Registrar

B. Holmes, L.D.S., D.Orth., R.C.S.

B.D.S.

Dental Surgery Assistant (part-time) (1)

HEARING ASSESSMENTS

Mary Andress, B.Sc., N.C.T.D.Dip.

THE SCHOOL HEALTH SERVICE 1965

STAFF

The only senior staff change during the year was the appointment of Dr. June Brown in May to the post of Assistant County Medical Officer and School Medical Officer which had been vacant since August, 1964.

In spite of continuously repeated advertisement throughout the year there were no applicants for the vacant post of speech therapist, and it was only at the end of the year that an appointment was made to the post of school medical officer in the South Dorset area.

Changes amongst dental staff are described in the report of the Principal School Dental Officer.

POPULATION

The Registrar General's estimated population of Dorset was 330,150.

Average numbers on the school registers on 20th January, 1966:-

	Primary	Secondary Modern	Comprehensive	Grammar	Special	Totals	
						1965	(1964)
County Districts	14,399	5,317	2,600	2,927	110	25,353	(24,953)
Poole Excepted Area	7,730	3,972	-	1,439	-	13,141	(12,852)
South Dorset							
Divisional							
Executive	4,965	2,091	-	1,068	-	8,124	(8,061)
Totals	27,094	11,380	2,600	5,434	110	46,618	(45,866)

Number of Schools

Type	South Dorset Area	Poole Area	County Area	Totals
Primary	24	21	149	194
Secondary Modern	5	7	13	25
Comprehensive	-	-	4	4
Grammar	1	2	9	12
Special	-	-	2	2
Totals	30	30	177	237

MEDICAL INSPECTION

NUMBER OF PUPILS EXAMINED

The following table relates to the whole County including Poole Excepted Area and South Dorset Divisional Executive

	1963	1964	1965
Entrants	3,232	3,584	3,848
Eleven-year olds	1,968	1,452	1,745
Leavers	3,173	3,172	3,939
Special Examination	7,749	8,227	11,458
Others (transfers from private and army schools etc.)	2,364	1,829	1,924
Totals	18,486	18,264	22,914
Re-inspection	2,572	3,260	3,303
	-----	-----	-----
Totals	21,058	21,524	26,217
	-----	-----	-----

In the County area the practice of confining routine examinations to entrants to primary schools and to school leavers was continued. In addition special examinations were carried out on children of any age known to be suffering from particular disabilities or who were brought forward by parents or teachers because of some suspected disorder.

The routine medical examination of eleven year olds was continued in Poole and the South Dorset area.

At the beginning of the current year, 1966, the arrangements for medical examinations in the County area were again modified, the first examination being brought forward, as far as possible, to the second term after school entry and there being established a selective examination based on the results of a questionnaire distributed to the parents of all children in their second year at the secondary school. The largely unproductive leavers examination has been abandoned. These new arrangements will be discussed in greater detail in next year's annual report.

DEFECTS OF VISION

ROUTINE TESTING

In the County area school entrants are tested at the age of five by the school health visitors, children with vision of 6/9 in one or both eyes being re-examined at the time of the next inspection and children with vision of 6/12 or worse in one or both eyes being referred to the ophthalmic specialist. Re-examinations are subsequently carried out every two years. In Poole these re-examinations are carried out every three years and in the South Dorset area they are done at the time of the routine intermediate and leavers medical examinations.

COLOUR VISION

Colour vision is tested by means of Ishihara charts at 11 to 14 years years of age. A Giles-Archer lantern with which one can distinguish between the safe and dangerous varieties of colour blindness is available at County Hall for the more accurate testing of children who wish to take up a career requiring normal colour vision but who fail the Ishihara test.

PERSONAL HYGIENE

During the year 63,683 personal hygiene inspections were carried out by the school health visitors and 339 children were found to have lice or nits in the hair. These figures apply to

the whole county and show a slight increase in infestation, viz. an incidence of about 0.5% compared with 0.4% the previous year.

	No. of children inspected		No. found verminous	
	1964	1965	1964	1965
County area	13,678	16,577	66	121 (0.7%)
Poole	27,282	22,671	124	134 (0.6%)
South Dorset	18,091	24,435	22	84 (0.3%)
Whole County	59,051	63,683	212	339

MINOR AILMENTS

The following table relates to the Poole and South Dorset areas only as it has not been found necessary to hold such clinics elsewhere. The figures include children who are referred as a matter of convenience for the more detailed examination of defects previously noted at school medical inspections besides children who seek advice concerning some recently acquired minor ailment.

Number of cases dealt with at minor ailment clinics:-

	1961	1962	1963	1964	1965
Poole	605	447	456	442	392
South Dorset	115	101	58	61	54
Totals	720	548	514	503	446

AUDIOLOGY SERVICE

PRE-SCHOOL CHILDREN

The early detection of deafness with, where necessary, the provision of hearing aids and the institution of special training is of paramount importance if residual hearing is to be trained and speech is to be developed to a sufficient degree to enable the child to benefit from ordinary educational methods. For this reason all children are tested routinely at about the age of seven months by the health visitors who all receive special training for this purpose. Infants who fail the initial test are referred to one of the standing clinics held by Miss M. Andress, further tests then being carried out with the assistance, when possible, of the appropriate health visitor.

SCHOOL CHILDREN

Miss Andress and her assistant visit all primary schools in the County and South Dorset areas once a year and carry out a sweep test with the pure tone audiometer on all children who will be six in that year. Children failing this test are referred to a standing clinic for a full audiometric test, parents being invited and provided with transport where this is necessary. If further investigation is indicated a report on the test with a copy of the audiogram are sent to the E.N.T. consultant after the agreement of the child's private medical practitioner has been obtained. During the year in the whole county, 21 children were provided with hearing aids.

Besides school entrants who have failed the routine test children are referred to the standing clinics from a variety of other services as is shown in the accompanying tables.

Our grateful thanks are once again extended to Mr. R. Whittaker and Mr. R. Salkeld, the consultant E.N.T. surgeons who have contributed much to the success of these services.

STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS
AMONGST CHILDREN IN THE COUNTY AND SOUTH DORSET AREAS

SCREENING OF SCHOOL ENTRANTS

	South Dorset	County	Totals
No. of children given screening tests	853	2, 257	3, 110
No. of children failed screening tests	49	233	282
No. referred for treatment after investigation	17	70	87

ANALYSIS OF CASES REFERRED FOR FULL AUDIOMETRIC INVESTIGATION

1. Sources

	South Dorset	County	Totals
Children who failed screening tests	49	233	282
Children referred by Health Visitors	19	44	63
Children referred by Medical Officers	5	79	84
Children referred by Speech Therapists	3	8	11
Children referred by Head Teachers	-	2	2
Children referred by Parents	2	14	16
Children referred by General Practitioners	1	6	7
Children referred by E.N.T. Specialists	26	11	37
Children referred by Paediatricians	-	8	8
Children seen for National Child Survey	10	52	62
Children referred from other sources	14	4	18
Totals	129	461	590

2. Findings of the Audiometrician

	South Dorset	County	Totals
No significant loss recorded	70	232	302
Referred to E.N.T. Specialist	24	105	129
For Retest 1966	27	63	90
Other action	5	16	21
Totals	126	416	542*

3. Results of cases referred to E.N.T. Specialists

	South Dorset	County	Totals
No treatment advised	5	11	16
To be reviewed	5	8	13
Tonsils and adenoids to be removed	8	20	28
Tonsils to be removed	-	2	2
Adenoids to be removed	-	13	13
Other operative treatment advised	-	15	15
Reports still outstanding	4	16	20
	24	105	129

* Forty eight appointments not kept or declined.

STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS IN POOLE

In Poole, screening tests with the pure tone audiometer are carried out on all children in primary schools shortly after their admission and, in addition, the audiometrician completes a full audiogram on any other children suspected of deafness.

Number tested during 1965	No significant hearing loss	Still under observation	Referred to medical officer
2,047	1,579	221	247

Children failing the tests may be referred for further investigation or treatment by the medical officer to the minor ailment clinic, the family doctor, the hospital consultant or the Audiology Unit.

CHILD AND FAMILY GUIDANCE SERVICE

The following report has been provided by Dr. W.H. Whiles, Consultant Psychiatrist:-

During the year clinics have been held as previously with four clinics a week in Poole, two in Dorchester and one in Weymouth. A whole day a fortnight is spent at Bridport and the alternative weeks' clinics are held in Sherborne and Gillingham.

During the year 284 new cases have been seen at the various clinics, which is a slight decrease on last year. The total number of children seen by the child guidance team was 902. Throughout the year we have had one full-time and two part-time psychiatric social workers, bringing their sessions up to the equivalent of two full-time appointments. The volume of social casework with families has continued to increase and urgent recommendations have been made for a third full-time psychiatric social worker. At the end of the year 27 children were awaiting investigation by the psychiatric social workers and the educational psychologist, which compares favourably with the 40 awaiting investigation at the end of the previous year. The total number of children awaiting their first psychiatric appointment was 46, which again compares favourably with the 60 awaiting psychiatric assessment at the end of 1964. Our policy is to give special priority to early diagnosis, so that a parent or child is seen by one member of the team as soon as possible after referral and it can then be assessed which children should be seen first by the consultant psychiatrist. If there is anything to suggest an urgent need for a psychiatric appointment, special arrangements are made to bring them in before the others on the waiting list whose problems are less severe.

The main source of referral continues to be general practitioners, with school medical officers, headteachers and the Children's Department all referring considerable numbers. During the year 17 boys and girls on remand for psychiatric reports were given special interviews at the request of the Juvenile Courts. After the completion of investigations 22% of all new children were found to need intensive psychotherapy from the consultant psychiatrist and this is about the same proportion as in previous years. A further 32% were found to need out-patient treatment of a supporting type from the child guidance team, without needing such frequent interviews. Most of the children needing intensive psychotherapy had been taken on for treatment during the year and the waiting list on the 31st December was six in Dorchester, six in Weymouth, two in Bridport, one in Sherborne, two in Gillingham and eleven in Poole. These will be taken on when other children terminate their treatment.

The work of the clinic has been greatly assisted by the appointment of a second educational psychologist, who has been working mainly in Poole and the eastern part of the County. He commenced work at the beginning of May. Unfortunately, the senior educational psychologist left the County at the beginning of September and his replacement was not able to start until the beginning of 1966. This has left us seriously behind with the full psychological and educational assessment of many children.

The Lawn Day Remedial Centre for maladjusted children in Poole has continued to be a valuable addition to the treatment measures available. Of the new cases seen, 19 were recommended for help at the Lawn. Four boys and two girls were admitted to Leigh House, Chandlers Ford, Eastleigh, Hants, which is the Regional Hospital Board Unit for the treatment of psychoneurotic disorders in adolescents. Two girls were offered places, but declined and two boys are awaiting admission there. Three boys have been admitted to children's psychiatric hospital units and at the end of the year two were awaiting placement. One boy and one girl were admitted to paediatric beds.

All members of the child guidance team have continued to keep in close touch with the Penwithen Hostel for maladjusted children. The psychiatric social workers visit the parents of these children regularly and the whole team meet with the clinic staff for a case conference

once a month. The consultant psychiatrist visits the hostel every fortnight to discuss children with the staff, and children from the hostel are seen at the Dorchester Child Guidance Clinic for periodic review or for regular psychotherapy. All other children who are residentially placed as maladjusted pupils in other schools or hostels are seen by the consultant psychiatrist during the holidays and the psychiatric social workers keep in close touch with their families. Each term a conference is held between the child guidance team, school medical officer and the Education Department to discuss the future of these children, to decide when they are ready to leave their residential placement and to plan for after-care. The consultant psychiatrist and educational psychologist continue to attend the deaf assessment clinics held in Poole. Most of the children admitted to the Gloucester Road Reception Centre are seen by the consultant psychiatrist and educational psychologist and a monthly case conference is held with the Children's Department.

CHILD AND FAMILY GUIDANCE SERVICE - STATISTICS

Total clinic sessions held during 1965	828
Total number of children seen during the year 1965	902
Children carried forward from 1964	618
New cases seen during 1965	284
Children awaiting investigation on 31.12.65	27
Total children awaiting first psychiatric appointment on 31.12.65	46
Cases closed during 1965	321
Total number of cases under observation or treatment on 31.12.65	581

ANALYSIS OF NEW CASES INVESTIGATED DURING 1965

Sources of referral of new cases:-

General Practitioners and Hospitals	119
School Medical Officers	47
Education Officer and Headteachers	45
Children's Officer	36
Probation Officers	9
Other sources	28
	<u>284</u>

Problems for which children were referred:-

Behaviour problems	133
Nervous symptoms	63
Educational problems	27
Enuresis	14
Psychosomatic	28
Special advice	19
	<u>284</u>

Age groups:-

Pre-school	29
Infant school	50
Junior school	110
Secondary school (Modern)	72
Secondary school (Grammar)	15
Left school	8
	<u>284</u>

Recommendations made of new cases:-

Still under investigation	17
Diagnosis and advice only	73
Supporting treatment	82
Intensive treatment advised	62
Residential treatment advised	24
Admitted to Hospital for treatment or investigation	7
Special Day School for Maladjusted Children - Poole	19
	<u>284</u>

ANALYSIS OF CASES CLOSED DURING 1965

Diagnosis and advice only	131
Transferred to other agencies	49
Removed from area	55
Satisfactory adjustment after Child Guidance treatment	24
Improved after Child Guidance treatment	34
Unco-operative or unimproved	26
Died	2
	<u>321</u>

SPEECH THERAPY

The Senior Speech Therapist, Miss N. O'Driscoll, has provided the following report:-

The appearance of the first words shows a very large variation even among children whose speech by the age of five is satisfactory. The first real words may appear as early as nine months old or as late as two and a half years. Walking and standing do not seem to show such a wide variation.

I believe one cause of this variation is that speech must be learned from older persons, while walking can be a matter of the child's own effort. A child learning words is dependent on how many words he hears. His performance will of course be affected by personal factors such as intelligence and interest. If speech seems to the child the easiest way of getting what he wants he has a strong reason to develop this skill. But if movement seems more helpful he will concentrate on using his hands and legs.

When one starts, however, to consider those whose development has been so far below the average as to warrant special help from the speech clinic the matter becomes more complicated.

I have reviewed the cases of 53 children who have been under treatment during this year, and considered what I suspected might be the cause of their difficulty, although in many cases there was probably more than one contributory factor.

Analysis of probable causes of delayed speech:-

General backwardness	18
Eight of these children were in a special school for the educationally subnormal	
Shyness	11
This term is used to indicate children who avoid contact with strangers and who are usually very quiet and often unenterprising	
Familial factors	12
These are assumed when other members of the same family have shown slow speech development	
Psychological factors	5
Maladjustment resulting from mismanagement by parents or teachers is included in this group	
Shortage of playmates	8
Sibling rivalry	3
Lack of playmates and sibling rivalry were often associated, the rival being an infant who occupied the mother's time and attention but was not in any way a companion for the older child	

Fortunately the development of speech though sometimes grossly delayed, is very seldom completely inhibited. With help and patience from parents and teachers the speech defective improves and often catches up with the average child.

As so often in health work the symptoms can be cured or relieved before the exact cause is known, although one hopes that research will one day indicate the specific causes of delayed speech so that prophylaxis may be considered.

It was recorded in last year's report that the establishment of speech therapists had been increased from three to four. In spite of repeated advertisement no applications for the vacant post had been received by the end of 1965. The waiting lists of children requiring speech therapy continue to be very long and it is distressing to be unable to satisfy such an obvious need.

The number of cases dealt with during the year were as follows:-

Cases treated	Discharged	under treatment	Cases tested	In need of treatment	Not in need	School visits	House visits
505	212	208	85	50	35	13	12

NOCTURNAL ENURESIS

The school health service keeps a stock of buzzer alarm units for issue on loan to children suffering from persistent nocturnal enuresis. This undoubtedly fills a need and as the scheme has become known the demands on it have increased. Cases were referred from both private medical practitioners and the school medical officers, a total of 158 being treated during the year compared with 115 in 1964. The majority of cases are aged 7 or 8, experience showing that younger children are often not able to co-operate sufficiently. The health visitors take the units to the homes in order to explain their use and also to confirm that satisfactory arrangements can be made. Clearly the unit cannot be used if a child has to share a bed, and inconvenience to others will also result if the room is shared. The health visitors supervise progress at appropriate intervals and are responsible for the return of the units when it has been decided that treatment should cease which may be after as short a period as three weeks but is more often after two or three months.

The following statistics relate to cases dealt with in the county area during 1965.

Number of children loaned equipment	72
Sources of referral:	
School medical officers	37
Health visitors	13
Family doctors	12
Other agencies	10
Age of children loaned equipment	
Aged 11 years and over	5
Aged 10	7
Aged 9	6
Aged 8	15
Aged 7	26
Aged 6	4
Aged 5	9
Results	
Treatment successful	22
Relapsed	2
Unsuccessful	6
Conditions unsatisfactory	5
Spontaneous recovery	2
Left district	4
Results not yet known or treatment continuing	31

HANDICAPPED PUPILS

One of the main functions of the School Health Service is the assessment of handicapped pupils in accordance with Section 34 of the Education Act, 1944, to ensure that they receive the special educational treatment best suited to their needs. The statistics which follow relate to the whole county including Poole. (In last year's report the Poole figures were excluded).

During 1965, 312 children were assessed as requiring special educational treatment and in addition, 19 children of compulsory school age were assessed under Section 57(4) of the Education Act as being incapable of receiving education in school.

Whenever possible handicapped children are retained in ordinary schools if this can be done without detriment to themselves or to other children in the school, as there are often profound advantages in such children being able to live at home and receive their schooling in a completely normal environment. This policy must not, however, be carried too far, as without the specialised facilities, both educational and therapeutic, available at some special schools certain children may not develop to their full potential.

The largest single group of handicapped children are the educationally subnormal. These mostly attend as day pupils at Wimborne Special School (44 on the register at the end of the year) or at special classes attached to ordinary schools. Fifteen primary schools and fifteen secondary schools have special classes attached to them and during 1965 the average attendance at these classes was 551. In addition 56 educationally subnormal children were at residential schools, 46 of them being at Clyffe House School.

The educational arrangements for partially hearing children in Dorset are dictated by the low density of population and the absence of any large concentration of population outside Poole. Whereas the latter is able to support two day units for partially hearing children attached to ordinary schools, units attended from time to time by children from the adjoining county area, the rest of the county is served by qualified peripatetic teachers of the deaf. Two full-time and one part-time teacher of the deaf are engaged in this work. They use portable auditory equipment and are responsible both for training pre-school children and guiding their parents and the supervision and additional teaching of children with hearing loss who remain in ordinary schools. The number of Dorset children attending residential schools for the deaf in other counties is now very small indeed and whenever such placement is considered necessary every effort is made to postpone it until understanding and communication between parent and child have been established.

The following list classifies the children at residential schools or hostels at the end of 1965 in the categories specified in the Ministry's "Handicapped Pupils Regulations, 1959", and gives the numbers attending at each school.

BLIND

Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Chorleywood College for the Blind, Rickmansworth, Chorleywood, Herts.	2
Condover Hall, Condover, Shrewsbury, Salop.	2
Glamorgan School for Visually Handicapped Children, Bridgend, Glam.	1
Royal School for the Blind, Westbury-on-Trym, Bristol.	2
Rushton Hall School, Kettering, Northants.	2
Linden Lodge Blind School, Wandsworth Common, London, S.W.11	1

PARTIALLY SIGHTED

Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or their educational development but can be educated by special methods involving the use of sight.

Royal West of England School for the Partially Sighted, Topsham Road, Exeter, Devon.	5
Royal School for the Blind, Westbury-on-Trym, Bristol	1

DEAF

Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Royal West of England School for the Deaf, Topsham Road, Exeter, Devon.	4
-------------------------------------------------------------------------	---

PARTIALLY HEARING

Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

Brighton School for the Partially Deaf, Ovington Hall, Brighton 7, Sussex.	3
Mill Hill Oral School for the Deaf, Cuckfield, Sussex.	1
Moor House School, Hurst Green, Surrey.	1
Royal West of England School for the Deaf, Topsham Road, Exeter, Devon.	1

EDUCATIONALLY SUBNORMAL

Pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

All Souls Special School, Pield Heath House, Hillingdon, Middlesex.	3
Clyffe House Special School, Tinkleton, Dorchester.	46
Croydon Hall School, Felon's Oak, Minehead, Somerset.	2
Withycombe House School, Withycombe Raleigh, Exmouth, Devon.	5

EPILEPTIC

Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

Lingfield Hospital School, Lingfield, Surrey.	4
St. Elizabeth School, Much Hadham, Herts.	1

MALADJUSTED

Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Chaigeley School, Thelwell, Warrington, Cheshire.	1
Crichel Hostel, Totnes, Devon.	1
Penwithen Hostel, Winterborne Monkton, Dorchester.	20
Red Hill School, East Sutton, Kent	1
Sandon House School, Sandon, Chelmsford, Essex.	2
St. Francis School for Boys, Hooke, Beamminster.	2
Walton Elm School, Marnhull, Sturminster Newton	1
Monkton Wyld School, Nr. Charmouth.	1
The Marchant-Holliday School, North Cheriton, Templecombe, Somerset.	1
The Spinney, Little London, Horam, Sussex.	1
Halcon House Hostel, Taunton, Somerset.	1
Sibford School, Banbury, Oxon.	1

PHYSICALLY HANDICAPPED

Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Queen Elizabeth Training College for the Disabled, Leatherhead Court, Leatherhead, Surrey.	1
Burton Hill House School, Malmesbury, Wilts.	6
Chailey Heritage Craft School, Chailey, Sussex.	3
Coney Hill School, Hayes, Kent.	1
Exhall Grange Special School, Exhall, Warwickshire.	1
Halliwick Cripples' School, Winchmore Hill, London, N.21.	2
Ingfield Manor School, Five Oaks, Billinghamurst, Sussex.	1
Lord Mayor Treloar College, Alton, Hants.	1
Periton Mead School, Minehead, Somerset.	1
St. Loyes College, Exeter, Devon.	1
Victoria Home, Lindsay Road, Branksome Park, Poole.	7
Whiteness Manor School, Kingsgate, Kent.	1
Florence Treloar School, Alton, Hants.	1
Dame Hannah Rogers School, Ivybridge, Devon.	1

SPEECH DEFECT

Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Moor House (for Speech Disorders), Oxted, Surrey.	1
---------------------------------------------------	---

DELICATE

Pupils not falling under any other category in the Regulation who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Park Place School, Henley-on-Thames, Oxon.	3
Pilgrims School, Seaford, Sussex.	1
St. Catherine's Home, Ventnor, Isle of Wight.	1
St. Dominic's Open Air School, Mount Olivet, Hambledon, Godalming, Surrey.	3
St. Patrick's Open Air School, Sea Front, Hayling Island, Hants.	4
Suntrap Open Air School, Hayling Island, Hants.	2

TUITION AT HOME OR IN HOSPITAL

The following figures relate to the county and South Dorset Areas. 28 children suffering from a variety of handicaps which prevented them from attending school received a total of 1593 hours home tuition during the year.

Tuition was also given to children in the following hospitals:-

	Number of children	Hours of tuition
Weymouth and District Hospital	56	212
Dorset County Hospital, Dorchester	94	358
Herringston Road Annexe	1	16
Portland Hospital	5	61½

INFECTIOUS DISEASES

There were again no cases of diphtheria or poliomyelitis among school children in 1965, the last occasions when they occurred being 1957 and 1960 respectively.

The number of notifications of the common infections during the past ten years have been as follows:-

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Measles	1,653	2,663	2,604	3,350	1,702	5,431	606	5,255	1,595	3,652
Scarlet Fever	107	113	147	227	140	55	53	61	57	106
Whooping Cough	373	870	262	161	110	238	38	111	156	79

IMMUNISATION AGAINST POLIOMYELITIS, DIPHTHERIA, WHOOPING COUGH AND TETANUS OF CHILDREN UNDER SIXTEEN YEARS OF AGE

	South Dorset							
	County Area		Poole Area		Area		Totals	
	P	R	P	R	P	R	P	R
Poliomyelitis - Oral	2,524	2,860	1,315	620	920	619	4,759	4,099
Poliomyelitis - Salk	140	80	24	24	-	-	164	104
Diphtheria	2,563	3,232	1,233	1,638	804	2,106	4,600	6,976
Whooping Cough	2,418	1,356	1,179	811	761	237	4,358	2,404
Tetanus	2,910	3,251	1,280	1,617	1,219	1,679	5,409	6,547

P = Primary Course

R = Reinforcing Dose

TUBERCULOSIS

Number of children in maintained schools notified during 1965	Pulmonary 2
	Non-pulmonary -

Number of children on tuberculosis register attending maintained schools at 31st December, 1965	Pulmonary 51
	Non-pulmonary 10

PREVENTION OF TUBERCULOSIS

(a) X-Ray of Staff

There is a compulsory x-ray examination of all teachers taking up their first teaching appointment. In addition, all teachers who take up boarding posts in Dorset are x-rayed on appointment.

Nineteen domestic staff starting work in school boarding houses, Clyffe House School and Penwithen Hostel were also x-rayed with negative results.

(b) Heaf testing of school entrants

All children starting school are given a tuberculin skin test and the families of any children with positive reactions are investigated in an effort to determine the source of the infection.

	No. of children tested	No. positive excluding those primarily given B.C.G.	No. positive who had had previous B.C.G.
County area	2392	18 (0.8%)	84
Poole	700	6 (0.9%)	10
* South Dorset	996	43 (4.3%)	47

* The standard used in interpreting the test results differed from that in the rest of the County.

(c) B.C.G. Vaccination

The arrangements for the B.C.G. vaccination of children in or near their thirteenth year continued as usual. The results of the Heaf test were read after seven days, four or more indurated papules being accepted as a positive result. The interpretation of mild reactions is notoriously difficult and is liable to considerable observer variation. Also it is not possible to distinguish between mild reactions due to the waning of previously strong specific sensitivity and those due to non-specific sensitivity. For these reasons the number of children showing second, third and fourth degree positive reactions to the Heaf test might be expected to provide a more stable indication of the amount of tuberculous disease in the community than if the children with mild or dubious reactions were included. In the county area the grading of the Heaf positive reactions are therefore now recorded in every case, the results being given below.

The statistics, which relate to the whole county including Poole, show that the acceptance rate for children offered vaccination was 82.1% compared with 84.9% the previous year. Of the children having the initial Heaf test, 10.0% were found to be positive reactors compared with 8.9% in 1964 and 11.4% in 1963. The positive reactors were all X-rayed but none were found to have any active lesion.

	1964	1965
Number of schools visited	52	71
Number of children eligible	4,659	5,693
Number of parental consents	3,958	4,675
Number of children tuberculin tested	3,713	4,375
Positive reactors	333 (8.9%)	439 (10.0%)
Negative reactors vaccinated	3,201	3,664
Absentees	245	324

The variation in incidence in the different administrative areas of the county of children recorded as being positive reactors to the Heaf test was as follows.

	Number of children tested		No. positive excluding those previously given B.C.G.	
	1964	1965	1964	1965
County area	2,102	2,694	191	219 (8.1%)
Poole	997	995	117	172 (17.3%)
South Dorset	614	686	25	48 (7.0%)

In the county area the grading of the Heaf positive reactions was as follows:

Grade of positive reaction	Number of children
First degree	131
Second degree	39
Third degree	32
Fourth degree	17
Total	219

SCHOOL MILK AND MEALS

SCHOOL MILK

Compared with 1964 there was at the 31st December, 1965, a slight increase in the number of children attending schools in Dorset who were taking school milk, the figures being 38,223 and 38,988 respectively. 239 of the 240 maintained schools received milk in one-third pint bottles and 98% are supplied with pasteurised milk. The one maintained school which has untreated milk in bulk from a local producer is situated in the extreme west of the county and, due to its position, efforts to obtain bottled milk have proved unsuccessful.

During the year very few complaints were received in respect of dirty bottles of milk and no doubt this is due in part to the continued co-operation of the head teachers in ensuring that empty bottles are returned to the dairymen in a reasonable condition for cleansing.

Close supervision has been maintained by the County Health Department on the supply of milk to schools and school kitchens, and the following is a statistical summary of samples obtained during the year and submitted to laboratory examinations:-

Pasteurised				Untreated		Total number of samples	No. of schools sampled
Methylene blue test	Phosphatase test			Methylene blue test			
Pass	Fail	Pass	Fail	Pass	Fail		
* 989	23	1,055	4	25	1	1,085	179

* 47 samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded the prescribed 70° F. on the days the samples were obtained.

Sampling of pasteurised milk supplied to the forty-three schools in the Borough of Poole was undertaken by the borough public health inspectors; 135 samples were obtained of which 130 were satisfactory and five failed the methylene blue test.

It will be seen that 23 (approx. 2.0%) of the 1,012 specimens of pasteurised milk obtained by sampling officers of the County Health Department failed the methylene blue test whilst one of the 26 samples of untreated milk did not satisfy this test. Approximately 0.4 per cent of the pasteurised milk samples failed the test for efficient heat treatment.

As a check on the cleanliness of school milk bottles 356 rinses of washed bottles were obtained at the suppliers' premises for laboratory examination and 19 failed to reach a satisfactory standard.

SCHOOL MEALS

The following information has been supplied by the County Education Officer and relates to the whole of the administrative County, including the Borough of Poole:-

No. of schools or departments receiving meals at 1st January, 1965	252
No. of schools or departments NOT receiving meals at 1st January, 1965	2
No. of schools or departments receiving meals at 31st December, 1965	243 *
No. of schools or departments NOT receiving meals at 31st December, 1965	1
No. of new kitchens opened in 1965	5
No. of new dining centres (not classroom dining) opened in 1965	NIL

No. of schools provided with washing-up facilities in 1965 (completely new)	2
No. of day pupils present, 1965	42,568
No. of day pupils taking meals, 1965	30,896
Percentage taking meals, 1965	72.5%

* Because of closure of small primary schools.

In connection with the Food Hygiene Regulations 121 visits of inspection were made of school kitchens during the year and in general a very satisfactory standard of hygiene has been maintained.

To check the efficiency of wash-up processes, rinses and swabs of washed cutlery, crockery and other kitchen equipment have been obtained and submitted for laboratory examination. Of the 888 specimens examined during the year 125 did not reach a satisfactory standard. Advisory visits were made to the kitchens involved in the unsatisfactory reports and repeat specimens generally showed a marked improvement.

Various food stuffs totalling 4 cwt. 89 lbs. were examined at school kitchens during the year and found to be unfit. In most cases replacements were made by the suppliers.

SCHOOL SWIMMING

At the 31st December there were 32 schools in the county administrative area with swimming pools. 26 are of the learner type, three of training size and three are portable pools.

Except in the case of the portable pools water treatment is by means of recirculation through a filter followed by chlorination either by hand dosage or automatic chlorinator. Experiments in elementary methods of filtering the water have given quite satisfactory results but the question of maintenance has produced difficulties in some instances. As a result, wherever the financial commitment allows, schools are being advised to install pressure filters and automatic chlorinators as the best method of water treatment. This type of plant has been provided at nine existing pools and will in future be installed at each new pool.

On the whole the weather during the summer of 1965 was not very favourable for open-air swimming and many of the schools were not able to make full use of their swimming pool until well on in the summer term.

Officers of the County Health Department made weekly visits to the swimming pools during the period when they were in use and, in addition to taking samples of the water for laboratory examination, they carried out spot tests for chlorine estimation. Altogether 229 specimens were submitted to the Public Health Laboratory, of which 17 failed to reach a satisfactory standard. The necessary investigations were made in respect of unsatisfactory samples and repeat specimens were generally found to be satisfactory.

The Borough Public Health Inspectors regularly inspected swimming pools and obtained samples of water at three schools in Poole.

Three further schools built swimming pools during the year but only one was completed in time to be used. It is anticipated that an additional seven schools will build swimming pools during 1966.

WATER SUPPLIES

During the year close supervision has been maintained of the water supplies to nine county educational establishments not connected to the public main. A total of 134 samples were obtained of which thirty three failed to reach a satisfactory standard. Fourteen of the unsatisfactory samples were in respect of a school camp and these include specimens taken during investigatory work which indicated a fault in chlorination. When this had been corrected, subsequent samples were of a satisfactory standard.

It is probable that two of the nine establishments will be connected to the public main in the spring of 1966.

SCHOOL CAMPS

Visits of inspection were made during the camping season to the school camps at Carey and Blashenwell and in both cases a satisfactory standard of hygiene was being maintained.

SCHOOL HYGIENE

At the 31st December there were four schools in the county with pail closets. Two of these are scheduled for closure in the near future and a scheme for the provision of waterborne sanitation is to be carried out at one school in 1966.

During the year waterborne sanitation was provided at one school and improvements to the sanitary accommodation were carried out at four schools. A connection to a new public sewer was made in one instance.

The very large number of schools which have to rely entirely on outside lavatories continues to be a matter of concern.

For the period 1962 - 1965, the County Council was able to tackle this problem through its "mini-minor" programme for small capital projects which did not have to be counted against the main minor works allocation made to the Authority by the Department of Education and Science. Last year I was able to report that sanitation schemes at eight schools had been completed and that work was in progress at four more. Since April, 1965 all capital projects have had to be met from the minor works allocation and this has severely curtailed the pace at which the County Council, as Education Authority, could attack the problem. In 1965 work on two improvement projects which included the provision of indoor sanitation was started and approval was given to a start in the case of two other schools.

HEALTH EDUCATION IN SCHOOLS

During 1965 a variety of talks on health subjects were given in schools, mostly by health visitors, dental officers, dental hygienists and school medical officers. Many of the talks were illustrated by films.

	Number of talks	Size of Audience
Dental Hygiene	188	6,133
Child Care and Parentcraft	61	1,196
Smoking	15	1,380
Personal Hygiene	6	253
First Aid	4	150
	-----	-----
Total	274	9,112
	-----	-----

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
J.S. MacLachlan, L.D.S., R.C.S.Eng.

1965 has been marked as a year in which the modernisation of the Local Authority Dental Services in Dorset, as envisaged by the Special Sub-Committees Report in 1964, has been commenced. It is unfortunate that the period of financial stringency which is likely to exist during 1966 will slow down its continued implementation.

During the year the Dental Services in Dorset were inspected by Dr. Wynne of the Department of Education and Science and I quote from the letter received from the Department concerning his visit:-

"The Ministers are particularly interested to see that the Authority appointed a Special Sub-Committee to investigate their dental services. They understand that the Authority has accepted a number of the recommendations made by the Sub-Committee directed at improved staffing, modernisation of equipment and clinics, additional mobile clinics and re-organisation for greater efficiency and expansion of the service. In addition, the Ministers are glad to note that many of the recommendations resulting from the previous visit in 1953 have been implemented. I am to commend the authority on the vigorous action it has taken to provide a first class dental scheme."

The credit for this favourable report must be divided between my predecessor, Mr. P.J. Pretty, and the Special Sub-Committee.

I regret having to record that in 1965 the County Council re-affirmed its previous decision not to fluoridate the public water supplies, a measure which would have done more than anything else to improve the dental health of the children in this county.

STAFF

Resignations

N.P. Bronsdon as Dental Officer, Dorchester Rural, on promotion (1.7.65)
Colonel K. Coulton, as Dental Officer, Blandford on retirement (31.11.65)
R.G.E. Brown as part-time Dental Officer, Portland
Miss E.B.A. White as County Hygienist on marriage (30.3.65)

Appointments

N.P. Bronsdon as Senior Dental Officer, Weymouth (1.7.65)
R. Fairney, Dental Officer Weymouth (1.9.65)
Surgeon Commander K.V. Taylor Milton as Dental Officer, Sherborne (13.9.65)
Miss C. Warner as County Hygienist (15.9.65)

On 31st December, 1965, there were 13 whole-time dental officers on the staff, an increase of one as compared with the position on 31st December, 1964. Part-time officers had decreased from four to three giving a whole-time equivalent of 1.4 dental officers. The average staff level, estimated on the total number of sessions worked in the school dental service, showed an equivalent of 11.4 dental officers, which is virtually the same as that of 1964.

The staffing position, generally, is satisfactory in Poole where there are four dental officers to provide treatment for a school population of nearly 13,000; it has been satisfactory in South Dorset since September, 1965 where 2.6 dental officers are available to cater for a school population of just over 8,000. The County area, however, with vacancies in Dorchester and

Blandford is not in such a happy position. Despite repeated advertisements it has not proved possible to fill the vacancy in Dorchester where, with a very dentally conscious population the shortage of staff is especially noticeable.

DENTAL INSPECTIONS AND TREATMENT

It may now be said that, save for a few schools in the north of the County and some in South Dorset, all schools are being visited at intervals of less than eighteen months. Whether this position can be improved will depend to a large extent on the availability of staff, but every effort is being made to increase the rate of turn round. During 1965, 122 schools in the County area and seventeen in the South Dorset Area were visited.

Table A shows details of the inspection figures over the past five years:

	1961	1962	1963	1964	1965
Percentage of school population inspected	77	78	74	80	76
Percentage of those inspected found to require treatment	60	58	57	61	62
Percentage of those offered treatment who were treated	58	63	64	67	66

As many of the schools treated during the year have a population of less than 100, the treatment has been more time-consuming, due to the necessity for frequent moves of the mobile dental clinics. Consequently the total numbers inspected during the year show a slight decline.

The new statistical return required by the Department of Education and Science came into use at the beginning of the year. It differs from previous returns by requiring details of work done in age-groups and by showing the actual amount of time devoted to dental health education. For reasons of space the sub-division into age-groups of the work done is not shown, but it is worthy of note that the age-groups treated in each part of the county are remarkably similar, as follows:-

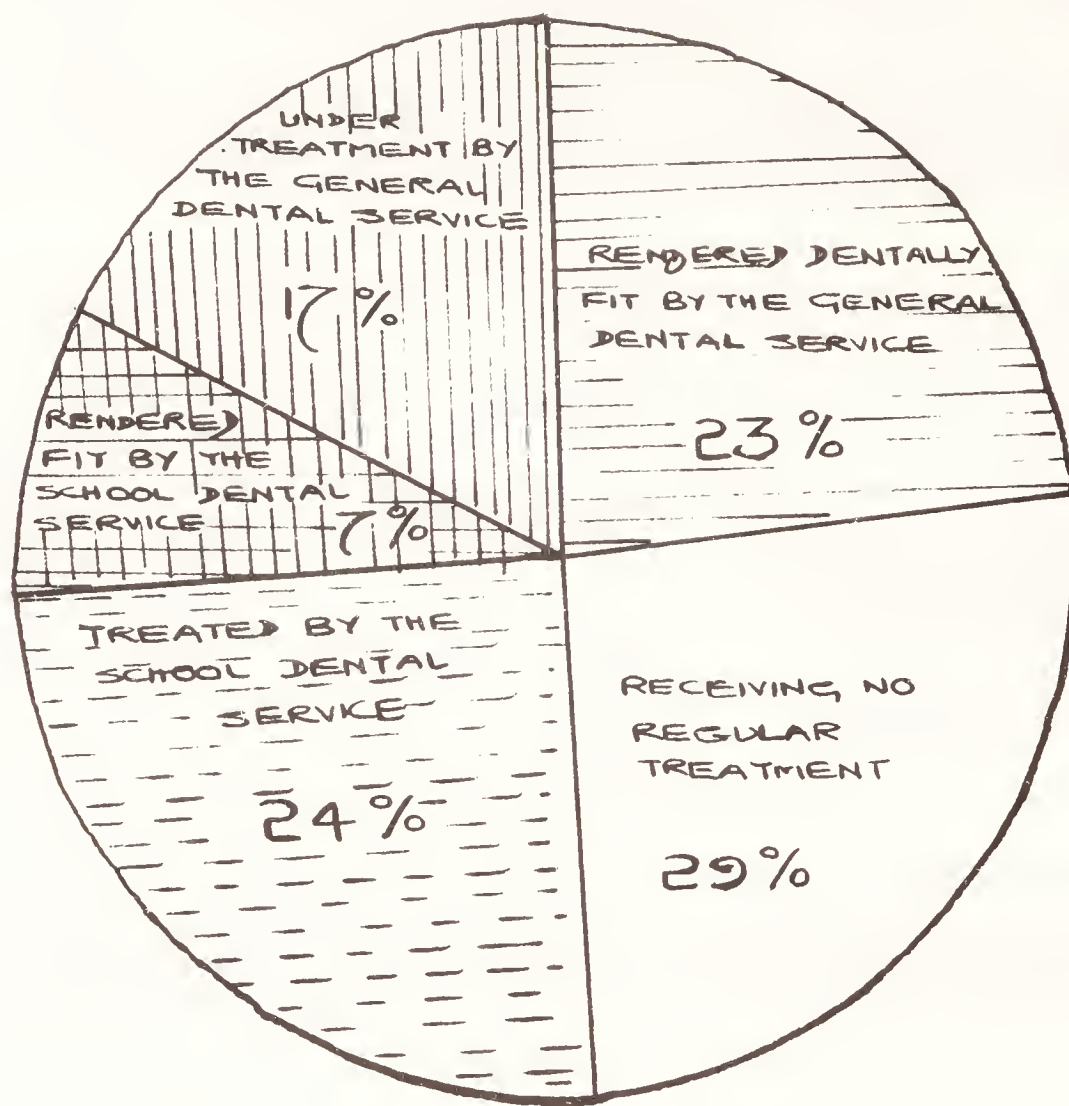
	Percentage of children treated in each age group		
	5-9 years	10-14 years	15+
Poole	53	42	5
South Dorset	52	43	5
County Area	50	40	10

That a larger number of children in the fifteen and over group should be treated in the County area is to be expected, as the treatment is largely brought to these children, whereas in the urban areas the children have to visit the clinic.

During the year records have been kept of the number of children who, in the opinion of the dental officer, are receiving regular dental treatment from the general dental service. The results of these observations are shown diagrammatically below and have been divided into urban areas where schools are within two miles of a general dental service practice and rural areas where children would have to travel often considerable distances to obtain dental treatment had the school dental service not been available to provide treatment on school premises. Although

the diagrams are self-explanatory it is interesting to note that in urban areas the school dental service caters for 31% of the school population while in rural areas it cares for 46%, while the percentage of the school population that receives no regular treatment from either service remains the same in both.

URBAN



RURAL

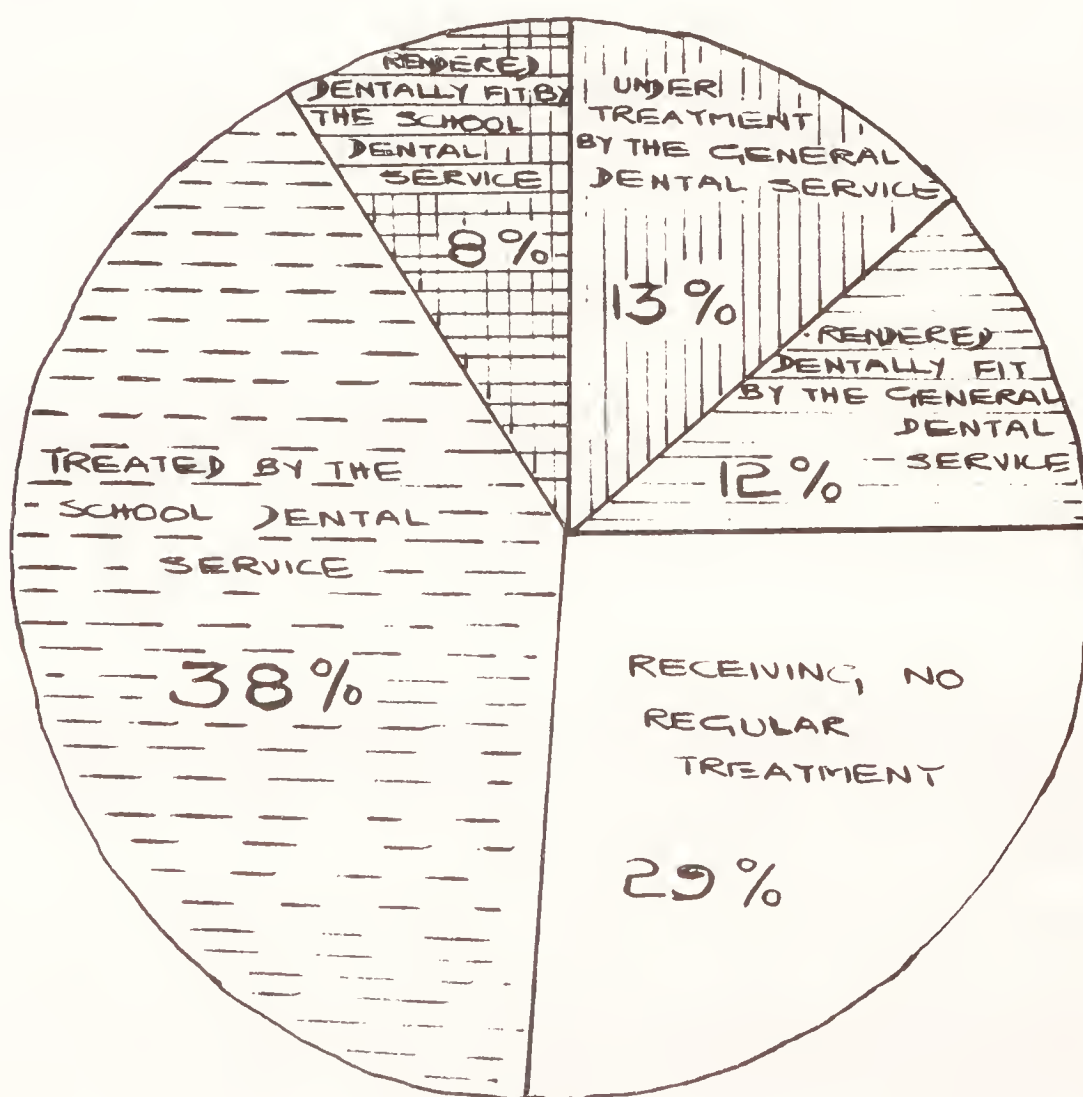


Table C shows the average amount of treatment per 100 children treated in representative years since 1935:

TABLE C

	1935	1945	1955	1965
Fillings (permanent teeth)	170	160	150	184
Fillings (temporary teeth)	8	5	21	80
Total Extractions	260	134	134	71
Ratio of permanent teeth filled to permanent teeth extracted	3.6 : 1	5.5 : 1	3.6 : 1	5.7 : 1
Ratio of permanent teeth filled to permanent teeth extracted for caries (County and South Dorset Areas)				9.8 : 1

Table D shows the average amount of work done per dental officer per treatment session in each of the last five years. The apparent increase in 1965 must be considered to be due in part to the more accurate method of recording treatment sessions due to the introduction of the new statistical return.

TABLE D

Output per treatment session	1961	1962	1963	1964	1965
Treatments per session	1.85	2.04	1.96	2.16	2.36
Attendances per session	6.05	5.5	5.45	5.85	6.1
Fillings per session	4.7	5.2	5.3	5.6	6.0
Extractions per session	1.9	1.9	1.7	1.7	1.6

GENERAL

This year it has proved possible, through the good offices of the Hospital Management Committee at Salisbury, to arrange for dental officers to attend the maxillo-facial unit at Salisbury for one session per week in order to improve their knowledge of minor oral surgery. This scheme is proving very popular with dental officers and, in that it affords opportunities for closer liaison between the hospital and local authority services, must prove beneficial to both parties. My thanks are due both to the Hospital Management Committee and to the Consultant Oral Surgeon at Odstock, Mr. C. Wishart, for their co-operation.

It has also been possible to arrange for a dental officer to attend the Orthodontic clinic at Dorchester and to treat school-children under the personal supervision of the Consultant Orthodontist. Mr. Greenfield has been availing himself of this opportunity to improve his knowledge of orthodontics, and it is proposed that he shall, in future, provide orthodontic services for those children in the north of the county who are able to attend clinics at Blandford, Sherborne, Gillingham and Shaftesbury. This arrangement will have the advantage of reducing the load on Mr. Hooper, and shortening his waiting list, as well as of reducing the travelling time of many of those patients who have hitherto had to travel to Bournemouth to receive orthodontic treatment. It will also relieve the dental officers in the north of the County from much of this time-consuming work.

Since this scheme started, a member of the general dental service has also been attending

Mr. Hooper's clinic. The fact that members of the hospital service, the general dental service and the local authority service can all work together in a local authority clinic must be without parallel in the country and affords an example of what can be achieved given good-will. My thanks are due to Mr. Hooper for his co-operation.

MOBILE DENTAL CLINICS

Two new mobile dental clinics have been brought into use during the year, one of which was a replacement for the first mobile clinic which was purchased in 1948 and one which has been allocated to Gillingham as the dental officer there had previously to share a mobile clinic with the dental officer in Shaftesbury.

Owing to the shortage of dental officers in the county it was possible to deploy a mobile clinic for use in the peripheral schools in Weymouth where it has proved immensely popular. School staffs find that its use reduces educational time lost through children having to travel to the clinic and the dental staff welcomes its use because they no longer suffer loss of time through broken appointments.

DENTAL HEALTH EDUCATION

As the object of any scheme of dental health education is to train the population in good habits of oral hygiene, it is essential that any instruction is given to the child at as early an age as possible. To this end dental officers have devoted a proportion of their time (303 sessions) to the giving of instructions on this subject to mothers of children awaiting treatment, while the auxiliary and the hygienist have concentrated their efforts on the primary school age groups.

Miss Evans and Miss Warner have visited 96 schools and given 130 talks to an estimated 6,225 children, and on 40 occasions have been able to illustrate their talks with one or more showings of dental films. From reports received from dental officers and health visitors it would appear that the standard of oral hygiene has improved in the schools that they have visited and that the majority of children now appear to know - and sometimes to act upon their knowledge - that they ought to keep their mouths clean and that they ought not to eat sweet and sticky foods between meals. It is gratifying to note that many children are now taking savoury foods to school to eat in the breaks, rather than sweets.

My thanks are due to the head teachers in the county who have been so co-operative in allowing Miss Evans and Miss Warner into their schools for the dissemination of dental health education and for their co-operation in following up the information provided by them.

CARIES INCIDENCE

It is axiomatic to state that before any planning may be done the extent of the problem must be known. Although the Council provides a dental service to treat dental disease, precise information as to the amount or the geographical variation of that disease is unknown. In order, therefore, to provide this information surveys are being carried out to determine the incidence of dental decay throughout the county and the results will be published in due course when a sufficient number of children have been examined to produce statistically significant information.

SCHOOL CLINICS - LOCATION, TYPE AND NUMBER OF SESSIONS PER WEEK

The Clinic, Hogshill Street, Beaminster.	1 Speech	Oakdale Clinic, 337 Wimborne Road, Poole.	1 Minor Ailments (per fortnight) 1 Enuresis (per fortnight)
County Clinic, Salisbury Street, Blandford.	1 Hearing Assessment (per month) 2 Dental 1 Speech	Old Town Clinic, 67 Market Street, Poole.	1 Minor Ailments (per fortnight)
Health Centre, North Allington, Bridport.	1 Hearing Assessment (per month) 2 Dental 1 Speech 1 Child Guidance	County Clinic, Fortuneswell, Portland.	1 Minor Ailments 6 Dental 1 Speech
St. Hubert's Church Hall, Corfe Mullen.	1 Speech	County Clinic, Secondary Modern School, Shaftesbury.	1 Hearing Assessment (per month) 1 Speech 4 Dental
Health Centre, Glyde Path Road, Dorchester.	2 Hearing Assessment (per month) 8 Dental 3 Speech 2 Child Guidance	County Clinic, Horsecastles, Sherborne.	1 Hearing Assessment (per month) 2 Dental 1 Speech 1 Child Guidance (per fortnight)
County Clinic, St. Martin's, Gillingham.	1 Hearing Assessment (per month) 2 Dental 1 Speech 1 Child Guidance (per month)	County Clinic, Green Close, Sturminster Newton.	1 Hearing Assessment (per month) 1 Speech
The Clinic, Lanark Close, Hamworthy.	1 Minor Ailments 6 Dental 1 Speech	Health Centre, High Street, Swanage.	1 Hearing Assessment (per month) 1 Dental 1 Speech
St. Francis School, Hooke.	1 Child Guidance (per fortnight)	Methodist Hall, Dollins Lane, Wareham.	1 Hearing Assessment (per month)
Junior C.E. School, Lyme Regis.	1 Speech	County Modern School, Wareham.	1 Speech
Branksome Clinic, Layton Road, Parkstone.	1 Minor Ailments (per fortnight) 20 Dental 2 Speech	Health Centre, Westham Road, Weymouth.	5 Minor Ailments 20 Dental 2 Speech
Sylvan School, Livingstone Road, Parkstone.	1 Minor Ailments	The Clinic, Wyke Regis, Weymouth.	1 Speech 1 Child Guidance
Trinidad School, Herbert Avenue, Parkstone.	1 Minor Ailments	Modern School, Wimborne.	1 Speech (per fortnight)
Central Clinic, Park Road, Poole.	1 Hearing Assessment 12 Dental 7 Speech 2 Physiotherapy 3½ Child Guidance	The Methodist Hall, King Street, Wimborne.	1 Hearing Assessment (per month)

STATISTICAL APPENDIX

YEAR ENDED - 31st DECEMBER, 1965

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

		P = Poole Area		S.D. = South Dorset Area		C = Remainder of County											
Age Groups inspected (By year of birth)	No. of pupils who received a full medical examination	Physical condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)													
		Satisfactory		Unsatisfactory		for defective vision (excluding squint)		for any other condition recorded at Part II		Totals		Totals		Totals		Totals	
		P	S.D.	P	S.D.	P	S.D.	P	S.D.	P	S.D.	P	S.D.	P	S.D.	P	S.D.
(1)	(2)	(3)		(4)		(5)		(6)		(7)							
1961 and later		P	S.D.	C Totals	P	S.D.	C Totals	P	S.D.	C Totals	P	S.D.	C Totals	P	S.D.	C Totals	
1960		544	482	44	482	44	1,070	-	-	-	11	17	4	32	141	64	2
1959		287	293	233	293	231	810	1	-	2	3	6	25	36	91	51	47
1958		353	28	1,607	1,988	353	1,972	-	-	16	16	16	1	107	106	3	283
1957		459	24	358	841	458	838	1	-	2	3	39	2	72	121	5	54
1956		189	20	91	300	189	300	-	-	-	-	25	2	34	65	1	26
1955		76	510	70	656	76	655	-	1	1	1	9	55	70	24	46	20
1954		468	169	49	686	468	685	-	1	1	1	63	30	100	144	24	8
1953		598	21	160	779	597	778	1	-	-	1	93	1	109	182	3	26
1952		249	13	122	384	248	383	1	-	-	1	38	2	57	84	4	22
1951		194	237	97	528	194	526	-	2	2	2	44	34	89	57	19	22
1950 and earlier		935	454	2,022	3,411	934	3,401	1	-	9	10	203	82	543	249	40	152
Totals		4,352	2,251	4,853	11,456	4,347	11,418	5	-	33	38	547	251	1,249	1,264	260	662

Col. (3) as a percentage of Col. (2)

P	S.D.	C	Total
99.89	100	99.32	99.67

Col. (4) as a percentage of Col. (2)

P	S.D.	C	Total
0.11	0.00	0.68	0.33

TABLE B - OTHER INSPECTIONS

	Poole	South Dorset	Remainder of County	Totals
Number of Special Inspections	735	214	10,509	11,458
Number of Re-inspections	1,083	190	2,030	3,303

Totals	1,818	404	12,539	14,761

TABLE C - INFESTATION WITH VERMIN

	Poole	South Dorset	Remainder of County	Totals
Total number of individual examinations of pupils in schools by school nurses or other authorised persons	22,671	24,435	16,577	63,683
Total number of individual pupils found to be infected	134	84	121	339
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	nil	nil	nil	nil
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	nil	nil	nil	nil

T = TREATMENT O = OBSERVATION

DEFECT OR DISEASE

PERIODIC INSPECTIONS

SPECIAL INSPECTIONS

		ENTRANTS			LEAVERS			OTHERS			TOTALS			INSPECTIONS							
		P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals				
Skin	T	25	6	18	49	58	9	22	89	43	11	4	58	126	26	44	196	24	-	3	27
	O	21	4	13	38	38	-	11	49	49	4	1	54	108	8	25	141	-	-	3	3
Eyes - (a) Vision	T	17	58	123	198	247	107	257	611	283	86	63	432	547	251	443	1,241	12	41	1,052	1,105
	O	20	124	195	339	46	11	121	178	134	29	60	223	200	164	376	740	5	5	311	321
(b) Squint	T	15	20	41	76	17	10	6	33	54	16	9	79	86	46	56	188	1	-	4	5
	O	6	7	31	44	6	1	2	9	16	-	2	18	28	8	35	71	1	1	2	4
(c) Other	T	4	2	6	12	10	1	1	12	35	3	1	39	49	6	8	63	3	-	-	3
	O	4	-	86	90	9	4	3	16	23	5	4	32	36	9	93	138	-	-	3	3
Ears - (a) Hearing	T	3	7	21	31	4	1	9	14	16	3	5	24	23	11	35	69	32	-	63	95
	O	37	5	110	152	27	1	9	37	51	3	10	64	115	9	129	253	4	1	77	82
(b) Otitis Media	T	5	4	4	13	4	-	3	7	1	-	1	2	10	4	8	22	-	-	-	-
	O	16	4	4	24	5	-	1	6	13	-	1	14	34	4	6	44	-	-	-	-
(c) Other	T	10	1	4	15	4	2	2	8	15	2	-	17	29	5	6	40	27	-	-	27
	O	3	4	4	11	17	-	6	23	29	1	-	30	49	5	10	64	-	-	-	-
Nose and Throat	T	37	45	49	131	24	5	23	52	64	13	7	84	125	63	79	267	12	2	7	21
	O	144	48	92	284	38	4	12	54	192	18	11	221	374	70	115	559	2	-	14	16
Speech	T	8	6	19	33	4	-	3	7	15	-	5	20	27	6	27	60	3	-	7	10
	O	30	13	37	80	5	-	-	5	56	-	4	60	91	13	41	145	5	-	13	18
Lymphatic Glands	T	4	2	2	8	2	-	1	3	2	-	-	2	8	2	3	13	-	-	-	-
	O	20	18	16	54	9	1	2	12	40	5	-	45	69	24	18	111	-	-	1	1
Heart	T	1	2	5	8	3	2	4	9	4	1	3	8	8	5	12	25	2	3	6	11
	O	8	8	23	39	13	1	5	19	22	2	4	28	43	11	32	86	1	3	4	8
Lungs	T	13	5	18	36	10	7	6	23	19	7	2	28	42	19	26	87	-	1	-	1
	O	29	18	29	76	30	-	6	36	47	7	6	60	106	25	41	172	-	1	22	23
Developmental (a) Hernia	T	3	-	8	11	-	-	2	2	4	-	4	8	7	-	14	21	-	1	2	3
	O	6	2	7	15	1	-	2	3	10	-	5	15	17	2	14	33	-	-	1	1
(b) Other	T	2	1	13	16	4	1	2	7	14	4	3	21	20	6	18	44	-	8	1	9
	O	9	27	50	86	3	1	3	7	23	10	9	42	35	38	62	135	-	4	5	9
Orthopaedic - (a) Posture	T	3	-	5	8	10	1	2	13	34	1	7	42	47	2	14	63	1	-	9	10
	O	1	-	12	13	4	-	9	13	27	1	7	35	32	1	28	61	1	-	9	10
(b) Feet	T	54	11	90	155	37	3	25	65	161	3	30	194	252	17	145	414	5	1	21	27
	O	45	19	136	200	39	2	39	80	143	3	35	181	227	24	210	461	-	4	23	27
(c) Other	T	21	3	19	43	36	3	11	50	51	3	7	61	108	9	37	154	15	-	4	19
	O	38	7	44	89	65	2	8	75	74	4	5	83	177	13	57	247	1	-	4	5
Nervous System	T	1	2	10	13	1	2	5	8	10	1	4	15	12	5	19	36	-	-	2	2
(a) Epilepsy	O	2	1	12	15	3	-	2	5	9	1	3	13	14	2	17	33	-	-	3	3
(b) Other	T	1	-	1	2	6	2	3	11	1	-	-	1	8	2	4	14	-	-	2	2
	O	5	2	5	12	7	-	5	12	18	-	2	20	30	2	12	44	-	-	3	3
Psychological - (a) Development	T	1	2	9	12	24	3	13	40	85	4	12	101	110	9	34	153	129	-	10	139
	O	16	8	40	64	18	2	6	26	61	5	11	77	95	15	57	167	-	-	21	21
(b) Stability	T	10	-	15	25	6	3	6	15	32	-	8	40	48	3	29	80	109	-	8	117
	O	49	2	80	131	29	1	3	33	109	-	11	120	187	3	94	284	-	-	18	18
Abdomen	T	4	-	10	14	7	-	6	13	9	1	8	18	20	1	24	45	-	-	3	3
	O	7	2	14	23	10	1	3	14	12	1	3	16	29	4	20	53	1	-	1	2
Other	T	7	5	10	22	35	2	13	50	57	2	5	64	99	9	28	136	17	2	4	23
	O	27	6	26	59	11	3	6	20	46	1	6	53	84	10	38	132	3	-	14	17

PART III - TREATMENT OF PUPILS

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with

	Poole	South Dorset	Remainder of County	Totals
External and other, excluding errors of refraction and squint	69	22	1	92
Errors of refraction (including squint)	1,669	893	1,260	3,822
Totals	1,738	915	1,261	3,914
Number of pupils for whom spectacles were prescribed	757	167	405	1,329

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been dealt with

	Poole	South Dorset	Remainder of County	Totals
Received operative treatment:-				
(a) for diseases of the ear	14	21	5	40
(b) for adenoids and chronic tonsillitis	219	245	241	705
(c) for other nose and throat conditions	15	17	31	63
Received other forms of treatment	38	-	-	38
Totals	286	283	277	846

Total number of pupils in schools who are known to have been provided with hearing aids:-

(a) in 1965	6	3	12	21
(b) in previous years	18	13	51	82

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

Number of cases known to have been treated

	Poole	South Dorset	Remainder of County	Totals
(a) At clinics or out-patient departments	344	63	138	545
(b) At school for postural defects	205	-	801	1,006
Totals	549	63	939	1,551

TABLE D - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

Number of cases known to have been treated				
	Poole	South Dorset	Remainder of County	Totals
Ringworm - (a) Scalp	-	-	-	-
(b) Body	-	-	1	1
Scabies	2	4	-	6
Impetigo	4	3	4	11
Other skin diseases	29	12	1	42
Totals	35	19	6	60

TABLE E - CHILD GUIDANCE TREATMENT

Number of cases known to have been treated				
	Poole	South Dorset	Remainder of County	Totals
At Child Guidance Clinics	422	113	367	902

TABLE F - SPEECH THERAPY

Number of cases known to have been treated				
	Poole	South Dorset	Remainder of County	Totals
By speech therapists	158	99	248	505

TABLE G - OTHER TREATMENT GIVEN

Number of cases known to have been dealt with				
	Poole	South Dorset	Remainder of County	Totals
Minor Ailments	123	54	-	177
Received B.C.G. vaccination	741	609	2,314	3,664
Received breathing exercises at an Asthma Clinic	35	-	-	35
Received treatment for Enuresis (Buzzer alarm)	77	9	72	158
Totals	976	672	2,386	4,034

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	Poole	South Dorset	Remainder of County	Total
First visits	2,471	2,717	5,860	11,048
Subsequent visits	4,405	3,378	10,217	18,000
Total Visits	6,876	6,095	16,077	29,048
Additional courses of treatment commenced	444	61	325	830
Fillings in permanent teeth	5,348	2,665	12,163	20,176
Fillings in temporary teeth	3,214	1,191	4,417	8,822
Permanent teeth filled	3,368	2,417	10,420	16,205
Temporary teeth filled	2,113	1,100	3,943	7,156
Permanent teeth extracted	576	837	1,346	2,759
Deciduous teeth extracted	1,145	1,596	2,275	5,016
General anaesthetics	595	926	697	2,218
Emergencies	351	794	576	1,721
Number of pupils X-rayed	435	102	231	768
Prophylaxes	425	324	545	1,294
Teeth otherwise conserved	648	253	1,101	2,002
Number of teeth root-filled	31	6	8	45
Inlays	-	3	2	5
Crowns	9	4	12	25
Courses of treatment completed	2,724	2,716	6,110	11,548

ORTHODONTICS

Cases remaining from previous year	54	29	52	135
New cases commenced during year	71	26	108	205
Cases completed during year	23	24	61	108
Cases discontinued during year	3	12	15	30
Number of removable appliances fitted	64	37	158	259
Number of fixed appliances fitted	-	-	-	-
Pupils referred to hospital Consultant	12	8	26	46

In addition advice was given by consultant in 50 cases

PROSTHETICS

Patients supplied with full upper or full lower dentures (First time)	-	1	-	1
Patient supplied with other dentures (First time)	7	19	39	65
Number of dentures supplied	7	23	42	72

ANAESTHETICS

General anaesthetics administered by dental officer	-	58	11	69
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INSPECTIONS	Poole	South Dorset	Remainder of County	Total
First inspection at school.				
No. of pupils	11,090	3,844	15,448	30,382
First inspection at clinic.				
No. of pupils	1,979	1,391	1,017	4,387
Number found to require treatment	6,661	3,623	9,875	20,159
Number offered treatment	5,877	3,154	7,721	16,752
Numbers re-inspected at school/ clinic	480	69	440	989
Numbers found to require treatment	444	61	325	730
SESSIONS				
Sessions devoted to treatment	1,233	829	2,728	4,790
Sessions devoted to inspection	98	55	172	325
Sessions devoted to dental health education	229	85	415	729

